



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
280TH BASE SUPPORT BATTALION
CMR 457
APO AE 09033



GREEN TAB MEMO #02-06

AETV-WG-S

SEP 20 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Civilian Fitness Program

1. I fully support participation in the Civilian Fitness Program by all eligible 280th Base Support Battalion employees.
2. The program optimizes organizational readiness and work performance. AR 600-63, Army Health Promotion, encourages civilians employed by the Army to engage in a regular program of exercise and other positive health habits. This program is strictly a **voluntary** program. Supervisors may approve up to 3 hours excused absence per week, up to six months in duration for these activities.
3. The primary responsibility of accountability falls on the supervisor and the participant. We are encourage to use the Finney Fitness Center or the Kessler Fitness Center. The employee is responsible for coordinating with his or her supervisor appropriate dates, times and specific locations for exercise. Participants **may not** exercise at home as part of the program. We will handle violations of this program the same as a workplace infraction and can lead the individual's termination in the program.
4. Responsibilities
 - a. Health Promotion Office:
 - (1) Write Commander's Policy Letter
 - (2) Conduct Information Briefing
 - (3) Coordinate with Legal, CPO/CPAC, Works Council, PAO, and Safety for support of program.
 - (4) Coordinate with Community Health Nursing and Physical Therapy at Schweinfurt United States Army Health Clinic (USAHC) for appropriate classes.
 - (5) Coordinate Schweinfurt USAHC Community Health Nurse to screen participants' packets for health risks and ensure the Physician referral forms are completed, as necessary.

SUBJECT: Civilian Fitness Program

(6) Establish and monitor data collection and publish outcomes.

b. Directorates:

(1) Support the program by promoting healthy lifestyle behaviors.

(2) Encourage maximum participation of all employees.

c. Civilian Fitness Program Organizer. The organization will be a coordinated effort between the Sports and Fitness Department and 98th ASG Health Promotion. Responsibilities include: attend Information Briefing on program requirements, obtain manuals needed for establishing the program, (Civilian Fitness Program Manuals Parts: I- Commander's Guide, II- Organizer's Guide, III- Participant's Guide. These booklets contain a detailed description of the requirements for participation), ensure either Organizer or Section Supervisor maintains all required documentation for each individual enrolled in the program and ensure each individual completes all medical screening requirements before enrollment.

(1) Coordinates with the Community Health Nurse for dates/times of required nutrition education classes for participants.

(2) Assists with optional self-assessment testing for Strength, Flexibility and Endurance, located in the Organizer's/Participant's Guide.

(3) Coordinates with Fitness personnel at Finney Fitness Center for orientation on all nautilus and free weight equipment for participants, as requested.

(4) Establish begin and end dates for the enrollment periods.

d. Supervisors:

(1) Support and encourage the program.

(2) Establish "ground rules" for each participant as to the date/time of absence, allowing flexibility based on workday schedule.

(3) Maintain accountability of participants while conducting exercise program.

(4) Document goals on evaluation forms.

(5) Assist Organizer with completion of all required forms.

AETV-WG-S

SUBJECT: Civilian Fitness Program

e. Participants.

(1) Make a commitment to the program. Actively seek health education by participating in classes offered and taking physical fitness seriously.

(2) Fill out ALL forms, pre- and post-tests, MOUs for enrollment in the program, Appendices A-G.

(3) Establish obtainable goals for program. These goals should be a step process, for example: Begin by calculating time it takes to walk 1 mile and measure heart rate at completion of 1 mile walk. Set goal for shortening time it takes to complete 1 mile walk, and re-calculate time and heart rate each month.

(4) Use the **SMART** process for your fitness programs.

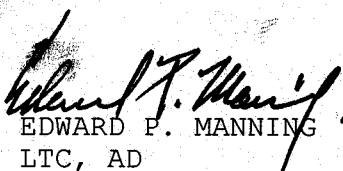
S-Specific
M-Measurable
A-Attainable
R-Relevant
T-Time bound

5. This program is the first step in providing our civilian employees the opportunity to increase their health status and quality of life. If you are just starting a fitness program, take it slow and DON'T be discouraged! Remember, your body needs time to adjust. For those of you who are already physically active, keep up the good work and challenge yourself every day. Remember,..."JUST DO IT, DO SOMETHING!"

6. POC for information regarding the Civilian Fitness Program is the 98th ASG Health Promotion Coordinator, 350-6335.

"DUTY FIRST"

Encl
Appendix


EDWARD P. MANNING
LTC, AD
Commanding

20/03/02

DISTRIBUTION:
A

CIVILIAN FITNESS PROGRAM

INITIAL FITNESS ASSESSMENT INSTRUCTIONS & CHECKLIST

Please follow the instructions carefully to ensure that your file is set up properly. Please complete these instructions BEFORE ATTENDING the initial Fitness Assessment.

1. Complete all of the documents in the Civilian Fitness Enrollment Packet.
 - a. You must have your **Supervisor's Signature** on the Civilian Fitness participation Agreement in order to enroll.
 - b. Be sure to complete the Civilian Fitness Participation Agreement to include:
 - Location of exercises (fitness center closest to your work place).
 - Dates of program (the program start date is 1 October 2002 and the end date is 31 March 2003 – 6 months after the start date).
 - Days of the week and times agreed that the employee will exercise. Scheduling exercise at a regular time is key to program success.
2. **Set-up your CIV FIT Manila File Folder. The file must be complete in order to be assessed at your appointment.** All documents are in a top to bottom order.

Please assemble your folder in the following order:

Written on the Label Side of the Folder (for Filing):

____ LAST NAME, FIRST NAME printed in CAPS

____ Program Start Date (example: 1 October 2002)

Stapled on Inside Left of Manila File Folder:

____ Completed Participation Agreement **signed by your supervisor** and you. – **Appendix B**

Stapled on Inside Right of Manila File Folder:

____ Fitness Assessment Form (You will receive this at your Fitness Assessment)

____ Completed Health History Questionnaire signed by you and reviewed by Fitness Provider (on top). – **Appendix C**

____ Completed Medical Considerations Form – **Appendix D**

____ Signed Informed Consent with Release of Liability – **Appendix E**

____ Health Care Provider Referral & Approval Forms (as needed) – **Appendices F & G**

Stapled on Outside of Manila File Folder:

____ Initial Fitness Assessment Instructions and Check List – **Appendix A**

3. Check off items on Initial Fitness Assessment Check List as you complete them.

4. Plan to attend one of the Civilian Fitness assessment times listed below:

| BSB | DATE | TIME | LOCATION | POC |
|------------------------|-------------|-----------------------|--------------------|--------------------------------------|
| 235th BSB | 24 Sept. | 0900-1200 | Katterbach Fit Ctr | Sharon Morejon 467-2810 |
| | 25 Sept. | 1300-1600 | Barton Fit Ctr | |
| | 26 Sept. | 0900-1200 | Bunch Fit Ctr | |
| 279th BSB | 4 Sept. | 1300-1600 | JFK Fit Ctr | Brett Wanner 469-8890 |
| | 5 Sept. | 0900-1200 | JFK Fit Ctr | |
| 280th BSB | 11 Sept. | 1300-1600 | Finney Fit Ctr | Elizabeth Upton 354-6474/353-8234 |
| | 12 March | 0900-1200 | Finney Fit Ctr | |
| 417th BSB | 09 Sept. | 1300-1600 | Harvey Fit Ctr | Sylvia Guise |
| & 98 th ASG | 10 Sept. | 0900-1200 & 1300-1600 | Leighton Fit Ctr | 355-8847 |
| WBG Hospital | 16 Sept. | 1300-1600 | Basement Gym | Anna Courie 350-2202 |
| | 17 Sept. | 0900-1200 | Basement Gym | |

5. Arrive at Civilian Fitness assessment dressed for light exercise.

I certify the documents identified above are complete and accurate to the best of my knowledge. I understand that I will not be enrolled into Civilian Fitness Program if the checklist above is not complete.

Participant's Signature _____ **Date:** _____ **Phone:** _____

Supervisor's Signature _____ **Date:** _____ **Phone:** _____

CIVILIAN FITNESS PROGRAM

Agreement between Employee and Supervisor for Participation in the Civilian Physical Fitness Program

*Make a copy for your records and return to your supervisor. You are not enrolled until you are medically cleared at the assessment or your supervisor receives the health care provider's approval form.

Name of Employee: _____ E-mail: _____

APO Address: _____

Work phone: _____ FAX Number: _____

Name of Supervisor: _____ E-mail: _____

AGREEMENT

1. We understand and agree that (employee name) _____ will be participating in the command-sponsored Civilian Fitness Program for 3 one-hour sessions each week for a total of 78 hours over a consecutive 6 month period beginning **1 October 2002** and ending **31 March 2003**. We understand and agree that the specified exercise location will be the place of duty during authorized exercise periods, as follows: exercise periods will be on the following days of the week _____/_____/_____, at the following inclusive time _____ to _____, and at the following location _____.

2. We also understand and agree that:

(NOTE: The following are examples that may be individually amended or deleted according to the sponsoring Commander's guidance. This list is not necessarily all-inclusive).

---Exercise days, times, and/or locations may be periodically amended only with prior approval of the supervisor, and amendment of this agreement.

---Unused exercise hours may not be carried forward to subsequent weeks.

---The program end date will not be extended to make up for exercise periods missed because of leave, temporary duty, or other reasons.

---Exercise periods may be combined with only one of the following: morning break, afternoon break, lunch period.

---No additional duty time is automatically authorized, as part of this Program, for pre-exercise preparation (e.g., changing clothes) prior to exercise periods, or for personal hygiene or "cooling down" following exercise periods.

---Specified exercise periods may not be used for any non-duty purpose. Any period or portion thereof not used in actual fitness training and exercise will be spent in the normal duty workplace accomplishing normal duties.

---Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during normal duty hours, and would be subject to the same disciplinary actions.

3. As participant, I, the employee, will sign in and out from exercising at the gym or with my supervisor. I agree to file my goals and exercise routine in the file that will be kept by my supervisor. I understand that I must complete the post fitness assessment to complete the program. Failure to complete the program, to include the exit interview, will be at the discretion of the supervisor for denying the use of administrative leave for the time spent exercising and for changing the time and attendance records. Instead, the employee will be permitted to take annual leave or will be charged with Leave Without Pay in place of the administrative leave previously granted.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

CIVILIAN FITNESS PROGRAM
HEALTH HISTORY QUESTIONNAIRE

1. Name _____ Unit/Dept/Sec _____
2. Work Phone: _____ Email Address: _____
3. Sex (circle one): MALE FEMALE Age _____ Date of Birth _____
4. Person to Contact in Case of Emergency:
 Name _____ Relationship _____ Phone _____
5. Are you taking any medications or drugs? YES NO
 If yes, please list drugs (incl. supplements) _____
 Why do you take the drug? _____
6. Does your doctor know you are participating in an exercise program? YES NO
7. Do you currently participate in exercise regularly? YES NO
 If yes please describe your exercise activity: _____
 How many days per week? _____ How much time each time? _____
8. Do you have, or have you had any of the following (circle Yes or No to each):

| | | |
|--|-----|----|
| a. History of heart problems, chest pain or stroke | YES | NO |
| b. High Blood Pressure. | YES | NO |
| c. Any chronic illness or condition | YES | NO |
| d. Difficulty with physical exercise | YES | NO |
| e. Advice from physician not to exercise. | YES | NO |
| f. Recent surgery (last 6 months). | YES | NO |
| g. Pregnancy (now or within last 3 months) | YES | NO |
| h. History of breathing or lung problems | YES | NO |
| i. Muscle, joint or back disorder, or any previous injury still affecting you. | YES | NO |
| j. Diabetes or thyroid condition | YES | NO |
| k. Obesity (more than 20 lbs over ideal body weight) | YES | NO |
| l. History of heart problems in your family (Parents, siblings, cousins) | YES | NO |
9. Do you currently smoke or chew tobacco? YES NO
 If yes, # years _____ # cigarettes/cans per day _____

Please describe Yes answers and explain any other conditions that may limit exercise:

Participant's Signature _____ Date _____
 Reviewed by _____ Date _____

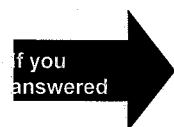
CIVILIAN FITNESS PROGRAM

MEDICAL CONSIDERATIONS

Before engaging in a moderate physical conditioning program, certain medical or health issues need to be addressed. This is especially important if you are over 40. Occasionally, diseases are present which the individual is not aware of. This is often true in the beginning stages of cardiovascular (heart and blood vessel) disease — especially as an individual gets older. These undetected or “subclinical” diseases may cause problems when a vigorous exercise program is begun.

Ask yourself these key questions to see if you should get a medical screening:

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have heart trouble or high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have chest pain while exercising or any other time? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you lose your balance or lose consciousness as a result of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you become extremely short of breath with mild exercise/exertion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you feel frequent skipped heartbeats? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you ever experience blurred vision while exercising? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have a muscle/bone/joint problem aggravated by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you over age 65 and not accustomed to vigorous exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you >20 lbs. over ideal body weight and not accustomed to exercise? |



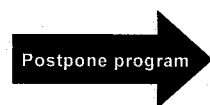
No to all questions

Yes to one or more questions

If you answered any of the above questions with a “YES”, you must get a health screening from your basic medical treatment facility before beginning the Targeting Fitness Program or any moderate to vigorous activity.*

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for

- a graduated exercise program -- a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort
- a fitness appraisal



Until after medical evaluation, and you receive approval from your physician for...

- unrestricted physical activity, starting off easily and progressing gradually
- or -
- restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

If you have a temporary minor illness, such as a common cold.

*The small number of problems that are identified are usually referred for further testing and, in many cases, a specifically designed exercise program is offered to provide good fitness training while preventing further complications. It is not designed to detect unfit individuals, but to identify and treat potential medical problems before they occur.

CIVILIAN FITNESS PROGRAM
INFORMED CONSENT with RELEASE OF LIABILITY
(For Civilian Health Promotion Program Assessment and Activities)

The undersigned hereby gives informed consent to engage in a series of health and medical evaluations including an exercise test. The purpose of this test is to determine my physical fitness and health status. Exercise testing may be performed in a health and fitness center setting by a variety of means. Individuals trained in administration of the tests will conduct the voluntary Target Fitness Program Assessment. The assessment will include the following:

1. Blood Pressure and Pulse. A blood pressure cuff will determine **Blood Pressure**. Pulse will be determined by palpating the brachial artery in the wrist.

2. Body Composition will be determined by a variety of assessment methods:

- **Body weight and height** will be measured on a standard medical scale.
- **A Waist to Hip Ratio** will involve measuring the circumference of the hip and waist with a tape measure and determining their relationship.

3. Cardiorespiratory Screening will be done to provide an estimate of the cardiorespiratory fitness of the individual. Cardiorespiratory fitness is defined as the ability of the heart and lungs to provide oxygen to the muscles. The tests below are not valid nor should they be administered to individuals taking medications that affect heart rate. Cardiorespiratory screening will be done by using the 3-minute step test. The purpose of the Step Test is to measure the heart rate in the recovery period following three minutes of stepping. The results of the Step Test provide an indication of the cardiorespiratory fitness of the individual. The test is a tool that can be used to demonstrate an individual's progress during a training program. The recovery heart rate becomes lower, indicating a more efficient heart.

4. The Sit and Reach Test will be used as a screening device for measuring flexibility of the muscles in the back of the legs and trunk. Flexibility is defined as the range of possible movement in a joint or group of joints. The tester may stop the test if the individual experiences pain, fatigue, or other symptoms.

5. Health Enrollment Assessment Review. This is a health risk-screening tool that will be used to screen health risks. A computer analyzes the completed form and a Health Appraisal will be mailed to me at the address listed on the form.

The benefits of such testing are the scientific assessment of physical fitness and the appraisal of health hazards, which may facilitate prescription of my exercise and other lifestyle habits. All records and results from this testing will be held in strict confidence unless my written consent is obtained.

I realize participation is voluntary and I may withdraw from the Civilian Fitness program at any time at no prejudice to me. I am fully aware of the possible risks of personal injury, illness, and property damage loss associated with the activities in which I intend to participate, and acknowledge that I am assuming both the responsibility for safeguarding myself and my property as well as the risk of any injury, damage, or loss that may occur as a result of my participation.

There are numerous benefits to participation in the fitness program. I will have the opportunity to learn how to improve my diet, lose weight, manage stress, and how to exercise safely and effectively. Improving these health practices is thought to improve my overall health status and functional ability.

I have had my questions answered to my satisfaction about this program. I understand that if I have additional questions, I may contact the Fitness Coordinator.

(Signature)

(Date)

CIVILIAN FITNESS PROGRAM
HEALTH CARE PROVIDER REFERRAL FORM

Dear Health Care Provider,

Date:

Your patient, _____, desires to participate in the physical fitness component of the US Army Center for Health Promotion and Preventive Medicine (USACHPPM) "Targeting Health" Worksite Wellness Program. Our initial medical screening identified the following potential health risk factors:

- ☐ Age: 40 years or more (male), 50 years or more (female) with significant risk factors
- ☐ Elevated blood pressure: ____/____ mm/Hg, or on hypertension medication
- ☐ Smoking
- ☐ Diabetes
- ☐ Obesity
- ☐ Family history of cardiovascular disease in parents or siblings prior to age 55
- ☐ Symptoms or signs suggestive of cardiopulmonary disease
- ☐ Known cardiac, pulmonary, or metabolic disease
- ☐ Has not been recently (within 6 months) involved in a regular moderate exercise program

Other: _____

Because of these risk factors, our guidelines require your patient to obtain clearance from you prior to participation in the "Targeting Health" Fitness Program. This program is provided and/or recommended by the Fitness Coordinator under the supervision of the Base Support Battalion and the USACHPPM-EUR staff.

Please complete the attached Health Care Provider Approval Form and return it to the patient listed above.

Sincerely,

Fitness Coordinator
"Targeting Health" Fitness Program

CIVILIAN FITNESS PROGRAM
HEALTH CARE PROVIDER APPROVAL FORM

(This form may be signed by a Physician, Physician's Assistant, or Nurse Practitioner)

Please Return to the patient when completed.

Patient name _____ Phone _____
(print)

has medical approval to participate in the physical fitness component of the USACHPPM-EUR "Targeting Health" Fitness Program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at any time he or she desires.

The following restrictions apply (if none, so state):

Health Care Provider's Name _____

Health Care Provider's Signature _____

Office telephone number _____

Email address _____

Date _____